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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Verified and <i>Allowance</i> Acknowledged <i>Examiner's Signature</i> <i>NA</i> Initials		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> <del>2</del> 18
<b>INDEPENDENT CLAIMS</b> 3				
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<b>FILING FEE RECEIVED</b> 1182	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	